

## ROLE OF THE PARAPROFESSIONAL

### What Can a Paraprofessional Do?

Paraprofessionals are generally called outreach workers, and their focus is on the secondary and tertiary victims who need support, psychoeducation, and perhaps some human services, but are not prime candidates for immediate treatment. Examples of what a paraprofessional can do include:

- Provide information and education on reactions to disasters, what survivors can expect to feel, what survivors can anticipate, and how survivors can set priorities and make plans to meet their immediate needs
- Conduct outreach in the community to determine the extent of the disaster and whether there are people or groups in the community that need assistance
- Practice supportive, or active, listening with survivors and their families
- Validate survivors' reactions and resilience stories, and affirm that their feelings are normal
- Connect survivors with their families
- Provide referrals to other social services, as appropriate
- Refer disaster survivors to other resources within the project and within the community

### What Can a Paraprofessional NOT Do?

Because paraprofessionals are not trained clinicians, they cannot diagnose mental illness or provide medical services, psychological therapy, or clinical advice of any kind. Due to the range of reactions to a terrorist attack, it is critical that the paraprofessional refer the victim to a clinician for further evaluation or treatment when appropriate.

### Paraprofessional Services and Interventions

This section describes services and interventions that can be conducted by mental health paraprofessionals. These include community outreach and psychoeducation.

#### *Community Outreach*

Community outreach is an essential component of a comprehensive mental health response to acts of mass violence and terrorism, and is the major role of a paraprofessional. Disaster mental health workers need to consider the nature of the event and its impact, and develop a flexible plan for community outreach.

Community outreach involves:

- Initiating supportive and helpful contact at sites where survivors and family members are gathered
- Reaching out to survivors and family members through the media and the Internet, and maintaining 24-hour telephone hotlines that are staffed with people who speak the languages spoken in the communities being served (providing services via hotlines usually requires additional training)
- Participating in or conducting meetings for preexisting groups through churches, schools, employers, community centers, and other organizations
- Providing psychoeducational, resource, and referral information to health care and human service providers, police and fire personnel, and other local community workers
- Planning activities that improve communication and understanding within communities and between cultural groups—such as cross-cultural dialogues, life skills workshops, and multicultural outreach teams

Community outreach requires:

- Ability to initiate conversations with those who have not requested services
- Good interpersonal skills
- Ability to quickly establish rapport, trust, and credibility
- Thinking on your feet
- A sense of diplomacy
- Knowledge and respect of values and practices of cultural groups impacted by the event

### ***Psychoeducation***

Psychoeducation for survivors, their families, health care providers, and providers of community services is a core component of mental health response. Information that is typically provided covers these topics:

- Typical reactions, including “normal reactions to abnormal situations”
- Grief and bereavement
- Stress management
- Effective coping strategies
- When to seek professional help

Psychoeducation may be used informally in conversation, incorporated into group presentations and as written material for widespread distribution. There is a wealth of materials available through the Center for Mental Health Services and past crisis counseling projects. Materials should be oriented specifically to the actual event and locale, and adapted for each group or population so that it is appropriate for that group. Educational presentations for parents and teachers to help them recognize children's reactions and help them cope may be offered through schools, religious organizations, and other community events. When developing written materials, consider literacy levels and the need for multiple languages.

## **Communicating Effectively With Survivors**

Disaster mental health workers' most important tool is communication, both verbal and nonverbal. There are several major goals for the communication that paraprofessionals have with survivors.

- **Gather information**—Ask questions to understand the basic facts of a person's current situation.
- **Help clarify meaning**—Ask open-ended questions to clarify the meaning of a person's statement.
- **Provide comfort**—Listen to survivors' stories to help them work through what has happened.
- **Assist in problem solving**—Help survivors develop solutions to the practical problems they encounter as a result of the terrorist event.

The role of the paraprofessional is to provide support and assist in problem-solving—not provide psychotherapy. Using common language (not psychological jargon or bureaucratic terms) also will be very helpful in communicating with survivors.

## ***Active Listening***

The art of listening has three parts:

- Listening to and understanding nonverbal behavior
- Listening to and understanding verbal messages
- Listening to and understanding the person

Tips for employing good, active listening skills are below.

- **Paraphrase**—Rephrasing portions of what the survivor has said conveys understanding, interest, and empathy. Paraphrasing also checks for accuracy, clarifies misunderstandings, and lets the survivor know that he or she is being heard. Good lead-ins are: "So you are saying that . . ." or "I have heard you say that . . ."

- **Reflect feelings**—The paraprofessional may notice that the survivor’s tone of voice or nonverbal gestures suggests anger, sadness, or fear. Possible responses are, “You sound angry, scared, etc.; does that fit for you?” This helps the survivor identify and articulate his or her emotions.
- **Allow expression of emotions**—Expressing intense emotions through tears or angry venting is an important part of healing; it often helps the survivor work through feelings so that he or she can better engage in constructive problem-solving. The paraprofessional helps by remaining relaxed and letting the survivor know that it is okay to feel that way.
- **Use nonverbal cues**—The paraprofessional can use facial expressions (e.g., smiling at appropriate times), eye contact, open body language, and head nodding to show survivors that he or she is listening and hears what they are saying.
- **Allow for silence, if appropriate**—Silence gives the survivor time to reflect and become aware of feelings and can prompt the survivor to elaborate. Some survivors will not feel like talking much. Simply “being with” the survivor can be supportive.